

MAY 25 1934

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County St. LouisRegistration District No. 791Township St. LouisPrimary Registration District No. 1003City St. Louis(No. Mc Pacific Hospital)File No. 14972Registered No. 4184St. 18 Ward)

## 2. FULL NAME

(a) Residence, No. 3507 - Vista St., 18 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Doll6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 25, 18787. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 56 - 2 - 298. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boiler Maker9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shop10. Date deceased last worked at this occupation (month and year) 3/29/34 11. Total time (years) spent in this occupation 2012. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Humboldt Kansas13. NAME J. W. Mann14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn15. MAIDEN NAME Martha White16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind17. INFORMANT Mrs Mary Doll (ADDRESS) 3507 - Vista18. BURIAL, CREMATION, OR REMOVAL PLACE Lakewood Park DATE April 26, 193419. UNDERTAKER A. W. McLaughlin (ADDRESS) 2301 - Lafayette St20. FILED MAY 25 1934 Registrar J. J. Redeck

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-24, 193422. I HEREBY CERTIFY, That I attended deceased from 4-21, 1934 to 4-24, 1934I last saw him alive on 4-24, 1934. Death is saidto have occurred on the date stated above, at 4:30.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation 108 Date of 108What test confirmed diagnosis? 108 Was there an autopsy?23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? 108 Date of injury 108, 1934Where did injury occur? 108 (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.Manner of injury 108Nature of injury 10824. Was disease or injury in any way related to occupation of deceased? NoIf so, specify Cancer LEONARD(Signed) no. M. D.(Address) no. M. D.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

